

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
							52					
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							97					
							98					
							99					
							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					